

DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	ITR0046Y
		First Named Inventor	Crescenzi et al.
		COMPLETE IF KNOWN	
		Application Number	
		Filing Date	
		Group Art Unit	
Examiner Name			

Declaration Submitted with Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

OR

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

N-SUBSTITUTED HYDROXYPYRIMIDINONE CARBOXAMIDE INHIBITORS OF HIV INTEGRASE

(Title of the Invention)

the specification of which

bears the Attorney Docket Number and Title of the Invention noted above

OR

is attached hereto

OR

was filed on (MM/DD/YYYY) 12/18/2003 as United States Application Number or PCT International

Application Number PCT/GB2003/005536 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f) or 365(b) of any foreign application(s) for patent or inventor's certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Attorney Docket Number	Priority Claimed? YES NO
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Attorney Docket Number
60/436,830	12/27/2002	ITR0046PV
60/528,776	12/12/2003	ITR0046PV2

DECLARATION AND POWER OF ATTORNEY for Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information known to me to be material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Application Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/GB2003/005536	12/18/2003	

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint, respectively and individually, as my attorney(s) or agent(s) with full power of substitution and revocation, the following registered practitioner(s) to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith:

Customer Number _____
 OR
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Kenneth R. Walton	32,951	Valerie J. Camara	35,090

Direct all correspondence to: Customer Number

000210

Name	Kenneth R. Walton				
Address	Merck & Co., Inc. - Patent Department				
Address	P.O. Box 2000, RY60-30				
City	Rahway	State	NJ	ZIP	07065-0907
Country	USA	Telephone	(732)594-3462	Fax	(732)594-4720

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

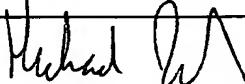
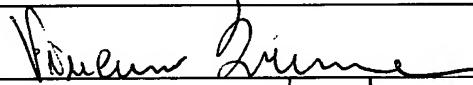
Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname			
Benedetta		Crescenzi			
Inventor's Signature	<i>Benedetta Crescenzi</i>			Date	March 17, 2004
Residence: City	Rome	State		Country	Italy <i>ITX</i>
Post Office Address	Instituto di Ricerche di Biologia Molecolare P. Angeletti S.p.A.				
City	Pomezia (Roma)	State	Italy	ZIP	00040
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>2</u> supplemental Additional Inventors(s) sheet(s) PTO/SB/02A attached hereto.					

DECLARATION AND POWER OF ATTORNEY

ADDITIONAL INVENTOR(S)
Supplemental Sheet

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any]) <u>Olaf</u>		Family Name or Surname <u>Kinzel</u>					
Inventor's Signature	<i>Olaf Kinzel</i>				Date	March 9, 2004.	
Residence: City	Rome	State		Country Italy <input checked="" type="checkbox"/>	Citizenship	DE	
Post Office Address	Instituto di Ricerche di Biologia Molecolare P. Angeletti S.p.A.						
City	Pomezia (Rome)		State	Italy	ZIP	00040	
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any]) <u>Ester</u>		Family Name or Surname <u>Muraglia</u>					
Inventor's Signature	<i>Ester Muraglia</i>				Date	March 9, 2004	
Residence: City	Rome	State		Country Italy <input checked="" type="checkbox"/>	Citizenship	IT	
Post Office Address	Instituto di Ricerche di Biologia Molecolare P. Angeletti S.p.A.						
City	Pomezia (Rome)		State	Italy	ZIP	00040	
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any]) <u>Federica</u>		Family Name or Surname <u>Orvieto</u>					
Inventor's Signature	<i>Federica Orvieto</i>				Date	March 9, 2004	
Residence: City	Rome	State		Country Italy <input checked="" type="checkbox"/>	Citizenship	IT	
Post Office Address	Instituto di Ricerche di Biologia Molecolare P. Angeletti S.p.A.						
City	Pomezia (Rome)		State	Italy	ZIP	00040	
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any]) <u>Giovanna</u>		Family Name or Surname <u>Pescatore</u>					
Inventor's Signature	<i>Giovanna Pescatore</i>				Date	March 9, 2004	
Residence: City	Cosenza	State		Country Italy <input checked="" type="checkbox"/>	Citizenship	IT	
Post Office Address	Instituto di Ricerche di Biologia Molecolare P. Angeletti S.p.A.						
City	Pomezia (Rome)		State	Italy	ZIP	00040	

DECLARATION AND POWER OF ATTORNEY**ADDITIONAL INVENTOR(S)**
Supplemental Sheet

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Michael		Rowley				
Inventor's Signature					Date	19 Mar 2004
Residence: City	Axa (RM)	State		Country Italy	<input checked="" type="checkbox"/>	Citizenship GB
Post Office Address	Instituto di Ricerche di Biologia Molecolare P. Angeletti S.p.A.					
City	Pomezia (Rome)	State	Italy	ZIP	00040	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Vincenzo		Summa				
Inventor's Signature					Date	March 9, 2004
Residence: City	Velletri	State		Country Italy	<input checked="" type="checkbox"/>	Citizenship IT
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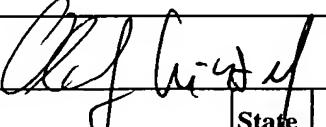
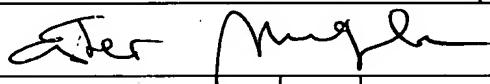
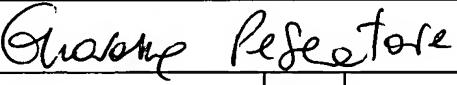
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Address	P.O. Box 2000, RY60-30				
City	Rahway	State	NJ	ZIP	07065-0907
Country	USA	Telephone	(732)594-3462		Fax (732)594-4720

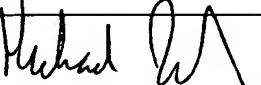
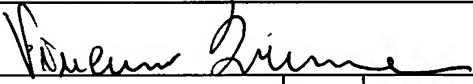
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Benedetta			Crescenzi		
Inventor's Signature	<i>Benedetta Crescenzi</i>				Date <i>March 17, 2004</i>
Residence: City	Rome	State		Country Italy	Citizenship IT
Post Office Address	Instituto di Ricerche di Biologia Molecolare P. Angeletti S.p.A.				
City	Pomezia (Roma)		State	Italy	ZIP 00040
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Given Name (first and middle [if any])				Family Name or Surname			
Olaf				Kinzel			
Inventor's Signature					Date	March 9, 2004.	
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Post Office Address	Instituto di Ricerche di Biologia Molecolare P. Angeletti S.p.A.						
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Ester				Muraglia			
Inventor's Signature					Date	March 9, 2004	
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Vincenzo		Summa					
Inventor's Signature					Date	March 9, 2004	
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City			State		ZIP		
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Inventor's Signature					Date		
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Post Office Address							
City			State		ZIP		